

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN7601	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2013
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

HUNTSVILLE MANOR

**287 BAKER STREET
HUNTSVILLE, TN 37756**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observation, the facility failed to maintain the overall environment in such a manner that the safety and well-being of the patients are assured.</p> <p>The findings include:</p> <p>Observation on October 29, 2013 at 2:05 p.m. and 2:09 p.m. revealed the medical records storage door and housekeeping closet door in the service hall are separating and coming apart on the edges of the doors.</p> <p>This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on October 29, 2013.</p>	N 831	<p>N833 1200-8-6-.08(1) Building Standards</p> <p>Corrective action(s) accomplished for those residents found to have been affected by the deficient practice:</p> <ol style="list-style-type: none"> Maintenance Director has ordered and received new doors on November 5, 2013 to replace with the current medical records storage door and the housekeeping closet door in the service hall. <p>New medical records door and Housekeeping closet door will be installed to ensure the building Standards of 1200-8-6-.08 (1) are in compliance.</p> <p>Completion date: 11/15/13</p> <p>Identify other residents having the potential to be affected by the same deficient practice and what corrective action taken:</p> <ol style="list-style-type: none"> Maintenance Director conducted Preventive maintenance rounds On 10/31/13 to ensure all doors in the facility were in compliance With the building standards of State and Federal regulations. <p>Completed on: 10/31/13</p> <p>Measures/systematic changes put in place to ensure the deficient practice does not recur:</p> <ol style="list-style-type: none"> In-service completed by Administrator with Maintenance Director on "Preventive Maintenance/Surveillance Rounds". <p>Completion date: 11/11/13</p> <p>Maintenance Director will conduct weekly rounds to ensure in compliance with Building Standards regarding condition of the physical plant and overall nursing home environment.</p>	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Carol Butterm

Administrator

11-12-13

STATE FORM

6899

W9W121

If continuation sheet 1 of 1

Division of Health Care Facilities

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Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Carla Battram

TITLE

Administrator

(X6) DATE

11-12-13